



# SECTION 14

## GOVERNANCE AND REMUNERATION

### Statement of corporate governance

GEMS is committed to the principles and practice of fairness, openness, integrity and accountability in all dealings with its stakeholders. The Board conducts all its affairs according to ethical values and within a recognised governance framework made up of the Rules of GEMS, the GEMS Board Charter and Scheme policies. A formal integrated framework is under construction.

The Scheme acknowledges its role in the medical schemes industry and its responsibilities to each beneficiary and the community. The Scheme recognises that sustainability can be achieved only through strong relationships with all stakeholders and responsible management of risk.

### Transparency and ethics

The Scheme has adopted a stakeholder-inclusive approach to corporate governance and is bound by mandates and principles of treating members fairly. The close stakeholder relationship and the election and appointment of the Board of Trustees by the members and the employer allow the Scheme to recognise the concerns and objectives of stakeholders in its decision-making process.

The Board of Trustees acknowledges that the perception of stakeholders affects the reputation of the Scheme. Clear and open communication with stakeholders enhances its reputation. The trustees have produced a holistic and reliable integrated report to illustrate the financial and non-financial performance of the Scheme.

### Board of Trustees

The Board of Trustees is responsible for the stewardship and governance of the Scheme. The trustees are elected and appointed by the members of the Scheme and the employer (as defined in the Rules of the Scheme), according to the provisions of the Medical Schemes Act 131 of 1998, as amended, and the Rules of the Scheme. The trustees are representatives of the Scheme's members and are legally responsible for the management and strategic direction of the Scheme on behalf of members.

The Board meets regularly and monitors the performance of the Scheme's employees, administrators and other contracted service providers. The Board addresses a range of issues and ensures that discussions of strategy, policy, risk management, fraud management and operational performance are critical, informed and constructive. The affairs of the Scheme are managed according to the Rules of the Scheme and also adhere to governance as required by the Medical Schemes Act 131 of 1998, as amended. The Board is committed to the principles of the King IV Report on Corporate Governance.

A collective Board-effectiveness evaluation and peer review is performed every second year. The Chairperson meets with trustees individually during induction training of new trustees and should the need arise.

All trustees have access to the Principal Officer and may seek independent professional advice at the expense of the Scheme.

### Internal controls

Management and the administrators of the Scheme maintain internal controls and systems designed to provide reasonable assurance of the integrity and reliability of the financial statements and to safeguard, verify and maintain accountability for its assets. Controls are based on established policies and procedures and are implemented by trained personnel with the appropriate segregation of duties.

As part of its annual audit plan, the Scheme's internal audit service performs an independent analysis of the controls of the Scheme and those of service providers.

The Board-appointed Risk, Social and Ethics Committee consisting of Board of Trustee members and whose meetings are attended by senior management of the Scheme assesses the risk register and risk mitigation plans. This committee reports to the Board of Trustees independently.

Annually, the Board assesses the risks facing the Scheme and determines the impact and likelihood of risks through the development of a risk register. Once the risk register is approved by the Board, monitoring of mitigation measures and internal controls takes place at least quarterly. No event or item has come to the attention of the Board of Trustees that indicates any material breakdown in the functioning of key internal controls and systems during the year under review.



**Dr SM Hlatshwayo**

Chairperson  
22 April 2021



**Mr ME Phophi**

Deputy Chairperson  
22 April 2021



**Dr BOS Moloabi**

Principal Officer  
22 April 2021

## GEMS IS GOVERNED TO PROTECT AND MAINTAIN VALUE

### Structures and processes for governance

An independent Board of Trustees forms the core of the Scheme's corporate governance structure and is ultimately accountable and responsible for the performance and affairs of the Scheme.

The GEMS Board Charter defines the Board's governance parameters, sets out the role of the Board, responsibilities and duties to be discharged by it with the trustees, and trustee roles and responsibilities. The charter is aligned to the provisions of the Medical Schemes Act, 1998, as amended, the Regulations promulgated under the Act, the registered Rules of GEMS and the King IV Report on Corporate Governance. The full charter is available from [www.gems.gov.za](http://www.gems.gov.za).

The Board of Trustees reviews biennially its effectiveness, the role of the Board and its Chairperson, and the effectiveness of Board committees. The current review began in 2020 and will be completed in 2021. The conclusion of the most recent review was that the Board and standing committees were functioning effectively.

An annual strategic plan gives effect to the Board's responsibility to govern the affairs of the Scheme by directing the activities of the Principal Officer, management and employees, providing effective oversight through which performance can be monitored and ensuring that the Scheme operates efficiently and effectively. The Scheme's strategic plan for 2017 to 2021 was approved by the Board on 27 September 2016 and its implementation monitored through quarterly reports from Scheme management on performance against KPIs. Throughout 2020, the Board was kept apprised of the status of the business through reports and presentations covering key business indicators, including membership growth, financial performance and stakeholder engagement.

The performance targets in the strategic plan are reviewed annually by the Board and are adjusted for changing realities and interrelated plans such as the business plans approved for the Scheme by the Registrar of Medical Schemes from time to time. A view of the Scheme's performance against the strategic plan is provided from page 79 of the Board report.

The Board of Trustees governs risk management and a formal risk management process is in place in accordance with the Scheme's approved Risk Management Policy. The approach to risk management and the governance of risk management is discussed on page 59 of the report.

The Board monitored the implementation of strategic and operational risk mitigation measures as well as the Scheme's changing risk environment during 2020 through quarterly and ad hoc management reports. The Board is comfortable that the residual risks facing the Scheme were managed throughout 2020 and that risk assessments and mitigation measures safeguarding Scheme and member interests were effective.

The Board's approach to the governance of ethics (page 167), compliance (page 169) and information technology and data (page 171) shows that value created for members is protected.



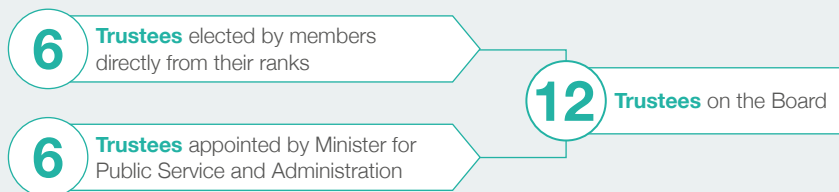
King IV Report on Corporate Governance, 2016:

The Board of Trustees formally adopted the King IV Report on Corporate Governance, 2016 (King IV Report) from 1 January 2018 by a resolution. The Scheme uses the governance and compliance instrument, an online tool developed by the Global Platform for Intellectual Property and recommended by the CMS, to assess whether the recommended King IV Report practices are followed.

The Scheme achieved an 88% score for the 17 principles of the King Report, i.e. 88% of the principles are satisfactorily applied through the Scheme's business practices. GEMS' business practices are summarised from page 156.



# GOVERNANCE AND OUTCOMES MONITORING AT A GLANCE



The Medical Schemes Act and GEMS Rules stipulate the powers and duties of the Board

**The GEMS Board of Trustees is accountable and responsible for the performance and affairs of GEMS**

The GEMS Board Charter stipulates performance requirements for the Board of Trustees collectively and individual trustees

The Board appoints the Principal Officer of GEMS and the Scheme executive and delegates

**The Board sets the GEMS strategic direction, strategic objectives, performance metrics and annual targets (page 71)**

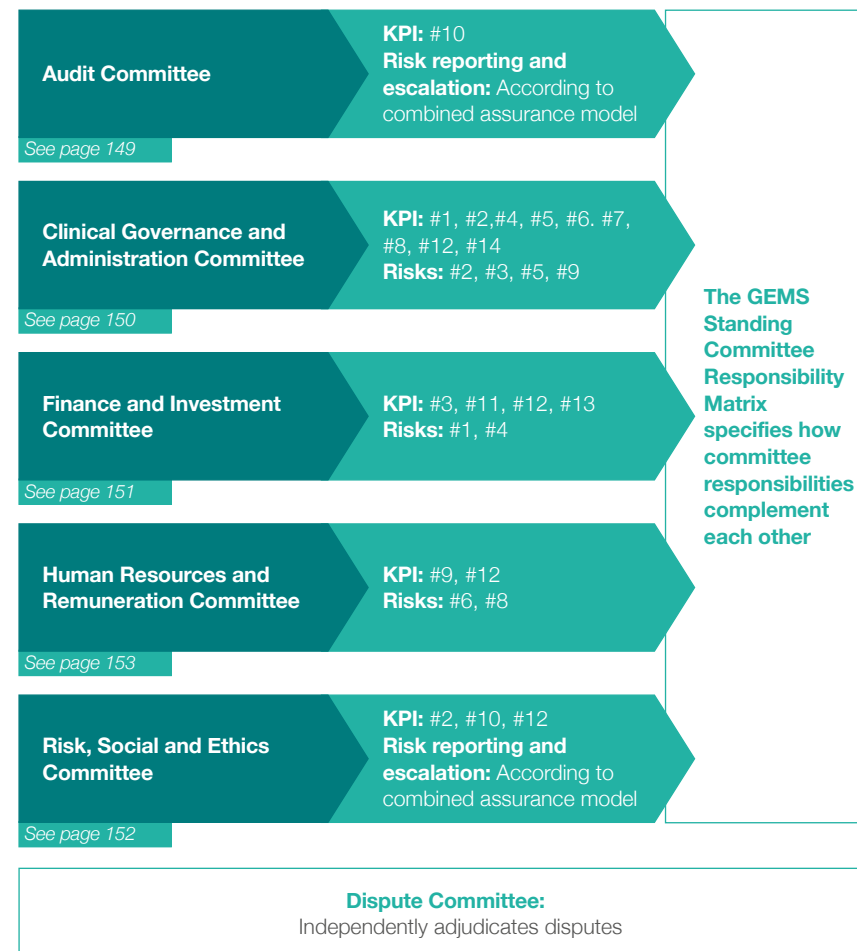
The Board monitors all strategic risks exceeding risk tolerance (page 77)

The Board appoints standing committees to support business and performance monitoring using formal written terms of reference

The Board sets policies and frameworks to govern the management of finances, risk, assurance, ethics, compliance, supply chain management, stakeholder management, remuneration, performance management, ICT and data management, clinical governance and member affairs and communication (e.g. complaints management)

The Board's performance is measured by means of an independent board effectiveness assessment. The most recent review, in 2019/20, concluded that the Board and its committees are functioning effectively. The Board encourages high performance of GEMS employees through target setting and appropriate performance management policies (page 176).

Standing committee structure for compliance to regulatory requirements and aligned to strategy and operating model to oversee performance, monitor outcomes and risk reporting according to escalation protocol: Quarterly reporting to the Board



## Structures and officers

The Board consists of 12 trustees: Six elected by Scheme members and six appointed by the Minister for Public Service and Administration.

Trustees in 2020 were:

Name	Elected or appointed	Qualifications	Other significant positions held during 2020
<b>Mr Marthinus Brand</b> (18 August 1947)	Elected, tenure began 25 September 2019 and ends on 24 September 2025	BA, Stellenbosch University (SU) 1968, Hons BA: History, SU 1980, B Ed, SU 1986	N/A
<b>Dr Josef A Breed</b> (14 March 1951)	Elected, tenure began 30 July and ends 29 July 2020	BSc, Potchefstroom University for Christian Higher Education (PU for CHE), THOD (POK); BEd (PU for CHE), MEd (PU for CHE), PhD (North West University)	N/A
<b>Dr S Millicent Hlatshwayo</b> (9 January 1964)	Appointed, tenure began 20 February 2018 and ends 19 February 2024	BSc, Medical University of Southern Africa (Medunsa); MBChB (Medunsa)	Casualty doctor: Arwyp and OR Tambo Travel Clinic
<b>Mr Lekgema Joel Mankge</b> (8 March 1970)	Elected, tenure began 25 September 2019 and ends 24 September 2025	Senior Primary Teachers' Diploma – 2001 Potchefstroom/North West University; Further Diploma in Education Management – 2013 Nelson Mandela Metropolitan University; Diploma in Practical Labour Law – 2013 Nelson Mandela Metropolitan University; Advanced Management Development Programme – 2015 University of Limpopo in partnership with National School of Government. RSA; Diploma in Forensic and Investigative Auditing level 6 – 2017 Unisa; Education Management Law and Systems – 2012; Computer Certificate – 2004 Step Ahead Computer Training Centre; HIV/Aids Care and Counselling – 2002 Unisa; Labour Relations Management – 2004; Basic Public Relations Principles – 2012 Unisa; Basic Financial Life Skills 2012 Unisa; Personal Financial Management – 2013 Unisa; Strategic Management – 2013 Unisa.	DoE Limpopo
<b>Mr Rakgama Andries Billy Manoko</b> (6 June 1966)	Appointed, tenure began 20 February 2018 and ends 19 February 2024	BProc (1989) (University of the North); LLB (University of the North)	Founder and managing director: Lucky Manoko & Associates

Name	Elected or appointed	Qualifications	Other significant positions held during 2020
<b>Dr Esthras Tlou Confidence Moloko</b> (16 May 1959)	Appointed, tenure began 28 October 2016 and ends 27 October 2022	MBChB (Medunsa); BSc (Medicine), (Medunsa)	Chairperson: Health and Welfare Sector Education and Training Authority (HWSETA)
<b>Ms Nkobane Constance Ntshane</b> (17 May 1974)	Elected, tenure began 25 September 2019 and ends 24 September 2025	BA Hon Social Work – 2001, Unisa; Certificates: Gender Excellence, Employee Assistance Programme, Employee Wellness Programme – all University of Pretoria	Department of Health Mpumalanga Wellness Manager
<b>Mr E Mpariseni Erasmus Phophi</b> (6 October 1952)	Appointed, tenure began 26 September 2017 and ends 25 September 2023	BA (Human Resource Management); International Labour Organisation Course on Labour Relations and Performance Management in the Public Service; International Labour Organisation Course on Advanced Negotiation Skills	N/A
<b>Dr Izak Jacobus van Zyl</b> (31 January 1951)	Elected, tenure began 30 July 2014 and ends 29 July 2020	BMil, Hons BCom (Personnel Management) MBA, PhD (Industrial Economics); Industrial Relations Development Programme	N/A
<b>Mr Nkosinathi L Theledi</b> (30 June 1963)	Appointed, tenure began 9 September 2013, and ends 08 September 2019	B Tech (Tshwane University of Technology); National Diploma Human Resources (University of Johannesburg); Public Management and Development (Wits Graduate School of Public Management); MTech (Tshwane University of Technology)	Secretary General: Police and Prisons Civil Rights Union
<b>Mr Jan Stephanus Roux</b> (8 January 1944)	Elected, tenure began 30 July 2014 and ends 29 July 2020	BSc; LSTD; BEd (Stellenbosch University)	N/A
<b>Dr Nomzamo Tutu</b>	Appointed, tenure began 30 July 2020 and ends 29 July 2026	MBChB; BSc; Postgraduate Diploma in Occupational Health; Postgraduate Diploma in HIV/Aids Management in the World of Work	Chairperson: Transformation Committee of the Engineering Council of South Africa, Strategic Adviser to Busane Development Trust

Note: Trustees' qualifications are verified through the Scheme's annual vetting procedure.



## Board meetings in 2020

The GEMS Board of Trustees held 15 meetings during 2020 (2019: 12). Meetings from 30 April 2020 to 31 October 2020 were held virtually:

1. 26 February 2020 (quarterly meeting);
2. 27 February 2020 (in-committee meeting)
3. 30 April 2020 (quarterly meeting);
4. 8 May 2020 (continuation of 30 April 2020 meeting);
5. 30 June 2020 (interim meeting focused on the AGM);
6. 30 July 2020 (quarterly meeting);
7. 12 August 2020 (continuation of 30 July 2020 meeting)
8. 31 August 2020 (ad hoc meeting – BBBEE strategy elements);
9. 21-22 September 2020 (strategic planning meeting);
10. 23 September 2020 (interim meeting to consider benefit design recommendations);
11. 29 September 2020 (BAC for ambulatory dental, managed care, pharmacy network);
12. 31 October 2020 (quarterly meeting);
13. 9 November 2020 (continuation of 31 October 2020 meeting);
14. 3 December 2020 (in-committee meeting); and
15. 4 December 2020 (interim meeting focused on key approvals required for 2021)

The Board of Trustees also held one half-day workshop on risk identification and assessment on 21 September 2020 (2019: 1), but no AGM due to Covid-19. in 2020 (2019: 1), and:

## Standing committee structure and responsibilities

The Board of Trustees has established its own governance practices and standing committee structure that comply with governance and regulatory requirements. These committees fulfil key roles in corporate governance.

The standing committee structure is informed by:

- Statutory requirements.
- The King Report on Corporate Governance.
- The GEMS Strategic Plan Accountability and Strategic Oversight Framework.
- The GEMS operational structure.
- Cost effectiveness and value for money.

The committees are mandated by the Board of Trustees by means of written terms of reference on their membership, authority and duties. A standing committee responsibility matrix (RACI matrix) clarifies and demarcates the standing committees' responsibilities.

The committees meet at least quarterly and as indicated in the year planner approved for each year. Committee meetings are attended by Scheme management in keeping with the Board's requirements.

## The committees in operation in 2020 were:

### Audit Committee

The Audit Committee is mandated by the Board of Trustees through a written Audit Committee Charter on its membership, authority and duties. The committee's charter was reviewed and approved by the Board of Trustees in December 2019 for 2020 and December 2020 for 2021.

The primary responsibilities of the Audit Committee include assisting the Board of Trustees in its evaluation of the adequacy and efficiency of internal control systems, accounting practices, financial reporting processes, financial and other reporting risks, information systems, oversight of assurance provided over external reports other than financial statements, and oversight of combined assurance processes applied by the Scheme and its service providers network. The Audit Committee considers and recommends the appointment of the external auditor and monitors and reports on its independence. The committee is also responsible for the appointment, performance assessment and/or dismissal of the Chief Audit Executive, approval of the internal audit plan and the annual review and approval of the internal audit charter.

### Committee composition, including members' qualifications and experience

The committee consisted of five members, two of whom were members of the Board of Trustees. The majority of the members, including the Chairperson, are not trustees, officers of the Scheme or of any of its service providers. For the year ended 31 December 2020, the committee members were:

Name	Designation	Qualifications	Recent work experience
<b>Mr Motshoanedi Johannes Lesejane</b> (29 February 1956)	Independent Member - Chairperson, appointed with effect from 1 January 2018	Chartered Director South Africa (CD SA)  CA (SA), Fellow Chartered Management Accountant (Global Management Accountant), BCom Hons Accounting Science, BCom Accountancy	Role in 2018: Independent non-executive director, consultant, lecturer at Wits Business School
<b>Ms Carolynn Chalmers</b> (12 September 1968)	Independent Committee Member, appointed with effect from 1 April 2019	Postgrad Diploma in Marketing Management; BSc Honours; Computer Science Masters; Bachelor of Computer Science	Consultant
<b>Ms Malande Sibongile Tonjeni</b> (15 August 1978)	Independent Committee Member appointed for a final term with effect from 1 April 2019 to 31 March 2022	CA (SA), BCom Accounting, BCom Hons Accounting, Postgraduate diplomas in Mining Engineering, Mining Tax, Banking Law, INSEAD Programme	Role during 2019: Independent non-executive director and trustee; and consultant

Name	Designation	Qualifications	Recent work experience
<b>Mr Rakgama Andries Manoko</b> (6 June 1966)	Trustee, appointed term began 6 March 2018, appointed as Audit Committee member from 28 June 2018	Gradum Baccalaurei Procurations, Gradum Baccalaurei Legum, Admitted Attorney, Corporate Governance, Commercial Law	Role during 2019: Founder and managing director: Lucky Manoko & Associates
<b>Dr Izak Jacobus Van Zyl</b> (31 January 1951)	Trustee, term as interim Audit Committee member began 27 October 2018 (to replace deceased member) and subsequently reappointed until 30 July 2020	BMil, Hons BCom (Personnel Management), MBA, PhD (Industrial Economics), Industrial Relations Development Programme	Most recent: Labour consultant  Previous employers: Chief Consultant (Labour Relations): ArcelorMittal SA; Chief Director (Labour Relations): Department of Labour

The Audit Committee carried out its responsibilities in terms of the Board-approved Audit Committee Charter. The external auditors and internal auditors reported formally to the committee on critical findings arising from audit activities.

The committee met seven times during 2020 (2019: 5). All meetings after 19 March 2020 were held virtually:

1. 6 February 2020 (quarterly meeting);
2. 19 March 2020 (special meeting);
3. 23 April 2020 (quarterly meeting);
4. 16 July 2020 (quarterly meeting);
5. 21 October 2020 (quarterly meeting);
6. 22 October 2020 (continuation of 21 October 2020 meeting); and
7. 20 November 2020 (special meeting).

The Principal Officer, the Chief Financial Officer of the Scheme, the Chief Audit Executive, the Scheme's outsourced internal auditor and the external auditor attend committee meetings on invitation and have unrestricted access to the Chairperson of the Audit Committee.

### Clinical Governance and Administration Committee

The primary responsibility of the committee is to assist the Board of Trustees to ensure the efficient operations of the Scheme by providing oversight, assessment and review of all administration aspects of the business of the Scheme. To this end, the committee assists in ensuring seamless interaction among service providers to meet the operational objectives of the Scheme. The committee also assists the Board in ensuring growth in Scheme membership and excellent member affairs by overseeing communication and marketing activities, stakeholder relations and the complaints management function, and to:

- Assess, decide and report on the approval of ex gratia applications and payments to members of the Scheme. The committee is mandated to approve ex gratia payments of more than R50 000 and where the condition and the withholding of therapy is life threatening, the treatment will result in the improved quality of life of the applicant, the treatment is clinically appropriate and based on internationally accepted evidence-based treatment guidelines and protocols or the applicant has proven that he or she cannot afford the treatment by any other means.

- Assist the Board in ensuring the implementation of the healthcare management strategic objective, namely: To improve the Scheme's clinical risk profile and contain claims experience; and
- Oversee the Scheme's product development and benefit design work.

The committee met over two days, every quarter, for a total of seven meetings in 2020 (2019: 6). All meetings after 29 January 2020 were held virtually:

1. 28 and 29 January 2020 (quarterly meeting);
2. 6 April 2020 (quarterly meeting);
3. 5 May 2020 (special meeting);
4. 13 May 2020 (6 April 2020 continuation meeting to deal with ex-gratia matters)
5. 8 and 9 July 2020 (quarterly meeting);
6. 5 August 2020 (special joint meeting with the Finance and Investment Committee focused on strategic planning and the Scheme's 2021 benefit design); and
7. 11 and 12 November 2020 (quarterly meeting).

For the year ended 31 December 2020, the committee members were:

- Dr MS Hlatshwayo (trustee, appointed – Chairperson, tenure began 6 March 2018)
- Ms NC Constance Ntshane (trustee, elected, tenure began 23 September 2019)
- Mr RA Manoko (trustee, appointed, tenure began 6 March 2018)
- Mr ME Phophi (trustee, appointed, tenure began 19 September 2016)
- Mr NL Theledi (trustee, appointed, tenure ended 26 September 2019)

### Finance and Investment Committee

The Finance and Investment Committee was set up by the Board in December 2013 and began its work in March 2014. It assists the Board in fulfilling its oversight responsibilities of the Scheme's investment activities and considers issues arising from investment decisions and activities. A key responsibility is monitoring the Scheme's organisational and financial performance. Oversight by this committee is necessitated by the Scheme's business model, which requires ongoing review of the contracting of service providers. As such, the committee monitors the Scheme's cash flow position, investment performance and compliance to the regulatory framework for medical scheme investments. It oversees the Scheme's information and communications technology function and the performance of the Scheme's contracted asset consultants and managers.

The committee met six times in 2020 (2019: 5). All meetings after 20 February 2020 were held virtually

1. 20 February 2020 (quarterly meeting);
2. 21 May 2020 (quarterly meeting);
3. 5 August 2020 (special joint meeting with the Clinical Governance and Administration Committee focused on strategic planning and the Scheme's 2021 benefit design);
4. 17 September 2020 (quarterly meeting);
5. 21 September 2020 (ad hoc meeting to consider the revised 2021 head office budget); and
6. 26 November 2020 (quarterly meeting).

Committee members in 2020 were:

- Dr ETC Moloko (Trustee, appointed – Chairperson, tenure began 28 October 2016)
- Mr M Brand (Trustee, elected, tenure began 23 September 2019)
- Dr JA Breed (Trustee, elected, tenure began 31 July 2014)
- Mr L Mankge (Trustee, elected, tenure began 23 September 2019)
- Ms NC Ntshane (Trustee, elected, tenure began 23 September 2019)
- Mr JS Roux (Trustee, re-elected, tenure began 30 July 2014)
- Dr IJ van Zyl (Trustee, elected, tenure began 30 July 2014)
- Ms M Tonjeni (Independent Committee Member coopted from the Audit Committee, tenure began 1 April 2019).

### Risk, Social and Ethics Committee

The committee has been mandated by the Board of Trustees to ensure sound corporate governance by providing oversight, assessment and review of the risk management, ethics management and compliance management aspects of the Scheme.

The committee's responsibilities include ensuring compliance with the Medical Schemes Act and its Regulations; patent and trademark legislation, and any other legislative framework relevant to the business of the Scheme.

The committee met four times in 2020 (2019: 5). All meetings after 19 February 2020 were held virtually:

1. 19 February 2020 (quarterly meeting);
2. 7 May 2020 (quarterly meeting);
3. 20 August 2020 (quarterly meeting); and
4. 17 November 2020 (quarterly meeting).

For the year ended 31 December 2020, the committee members were:

- Mr ME Phophi (trustee, appointed – Chairperson, tenure began 19 September 2016)
- Mr M Brand (trustee, elected, tenure began 23 September 2019)
- Dr JA Breed (trustee, elected, tenure began July 2014)
- Mr L Mankge (trustee, elected, tenure began 23 September 2019)
- Dr ETC Moloko (trustee, appointed, tenure began 28 October 2016)
- Mr JS Roux (trustee, re-elected, tenure began 30 July 2014)
- Dr IJ van Zyl (trustee, elected, tenure began 30 July 2014)

### Dispute Committee

The primary responsibility of the committee is to independently consider and preside over any dispute referred to it by the Principal Officer for adjudication and to advise the Board of Trustees on the handling of disputes in general.

The Dispute Committee did not meet in 2020 (2019: 1):

For the year ended 31 December 2020, the committee members were:

- Rev F Chikane (independent member – Chairperson, appointed from 1 August 2017 to 31 July 2020)
- Ms M David\* (independent member, reappointed for second term from 1 April 2016 to 31 March 2019).

- Dr P Ford\* (independent member, reappointed for second term from 1 April 2016 to 31 March 2019).

At its meeting held on 29 April 2019, the GEMS Board of Trustees decreed that the Scheme would move away from the Dispute Committee structure to an alternative dispute resolution mechanism.

Should a dispute have arisen in 2020 or before the change in structure was completed, the two previous\* Dispute Committee members would have been asked to assist with the matter. Subsequently, the terms of the members would have been extended for the period of the dispute.

### Human Resources and Remuneration Committee

The primary responsibility of the committee is to ensure sound management of Scheme employees by providing oversight, assessment and review of the maintenance of human resources and remuneration policies. The committee also advises the Board on the annual cost of living adjustment for Scheme employees, the criteria to be used in benchmark exercises pertaining to annual remuneration surveys, the remuneration rates applicable to employees, trustees and independent committee members; the implementation of remuneration survey results and the implementation of performance reward measures for employees, and oversees the disclosure of the remuneration of trustees, independent committee members and members of the GEMS Executive Committee in the Scheme's annual integrated report.

The Human Resources and Remuneration Committee met five times in 2020 (2019: 5). All meetings after 5 February 2020 were held virtually:

1. 5 February 2020 (quarterly meeting);
2. 22 April 2020 (quarterly meeting);
3. 7 July 2020 (quarterly meeting);
4. 15 October 2020 (quarterly meeting); and
5. 19 November 2020 (special meeting).

For the year ended 31 December 2019, the committee members were:

- Mr NL Theledi (trustee, appointed – Chairperson, tenure ended 26 September 2019)
- Dr JA Breed (trustee, elected, tenure began July 2014)
- Dr SM Hlatshwayo (trustee, appointed, tenure began 6 March 2018)
- Mr RA Manoko (trustee, appointed, tenure began 6 March 2018)
- Dr IJ van Zyl (trustee, elected, tenure began 30 July 2014)

In addition to the standing committees, the Board also appointed one ad hoc committee in 2020 to formulate recommendations on specific matters:

### Benefit Design Committee

Recommendations on the GEMS benefits and contributions for 2021 were developed by the GEMS Benefit Design Committee for the Board's consideration. The committee met twice in 2020 (2019: 2):

- 19 August 2020; and
- 15 September 2020.

Attendance of Benefit Design Committee meetings was open to all trustees and most attended.



## Trustee and Principal Officer meeting attendance in 2020

A – Meetings attended

B – Meetings that could be attended

Trustee	Annual general meeting	Board of Trustees		Audit Committee		Benefit Design Committee		Clinical Governance and Administration			Risk, Social and Ethics Committee		Finance and Investment Committee		Human Resources and Remuneration Committee		TRAINING		WORKSHOPS	
	AGM	A	B	A	B	A	B	A	B		A	B	A	B	A	B	A	B	A	B
Brand, M	-	14	14	-	-	2	2	-	-		6	6	6	6	-	-	3	3	1	1
Breed, JA	-	14	14	-	-	2	2	-	-		6	6	6	6	5	5	3	3	1	1
Hlatshwayo, SM	-	14	14	-	-	2	2	10	10		-	-	1	1	5	5	3	3	1	1
Mankge, LJ	-	14	14	-	-	2	2	-	-		6	6	6	6	-	-	3	3	1	1
Manoko, RA	-	14	14	7	7	2	2	10	10		-	-	6	6	5	5	2	2	1	1
Moloko, ETC	-	14	14	-	-	2	2	4	4		6	6	6	6	-	-	3	3	1	1
Ntshane, NC	-	14	14	-	-	2	2	10	10		-	-	6	6	-	-	4	4	1	1
Phophi, ME	-	14	14	-	-	2	2	10	10		6	6	-	-	-	-	2	2	1	1
Roux, JS	-	14	14	-	-	2	2	-	-		6	6	-	-	-	-	3	3	1	1
Theledi, N	-	14	14	-	-	2	2	10	10		-	-	-	-	5	5	2	2	1	1
Tutu, N	-	9	9	2	2	2	2	4	4		1	1	2	2	2	2	2	2	1	1
Van Zyl, IJ	-	14	14	7	7	2	2	-	-		-	-	-	-	5	5	2	2	-	-
Moloabi, BOS (Principal Officer)	-	15	15	7	7	2	2	10	10		-	-	-	-	5	5	1	1	1	1

## Independent committee members' attendance of Board and committee meetings

A – Meetings attended

B – Meetings that could be attended

Member	Annual general meeting	Board of Trustees		Audit Committee		Benefit Design Committee		Clinical Governance and Administration			DISPUTE		Risk, Social and Ethics Committee		Finance and Investment Committee		Human Resources and Remuneration Committee		TRAINING		WORKSHOPS	
	AGM	A	B	A	B	A	B	A	B		A	B	A	B	A	B	A	B	A	B	A	B
Lesejane, MJ	-	8	8	7	7	-	-	-	-		-	-	-	-	-	-	-	-	2	2	1	1
Chalmers, C	-	3	3	7	7	-	-	-	-		-	-	-	-	-	-	-	-	2	2	1	1
Tonjeni, MS	-	1	1	7	7	-	-	-	-		-	-	-	-	4	4	-	-	3	3	1	1

## King IV application register

PRINCIPLE	HOW GEMS APPLIES THE PRINCIPLE
<b>Ethical leadership</b>	
<b>1. The governing body should lead ethically and effectively</b>	<p>The GEMS Board Charter commits the Board to exercising effective and ethical leadership.</p> <p>The Board strengthened the Board Charter by including a detailed set of fit-and-proper requirements for trustees to meet. These requirements were developed specifically to meet GEMS' strict corporate governance requirements. The requirements cover:</p> <ul style="list-style-type: none"> <li>• Integrity, honesty and reputation;</li> <li>• Competence and capability; and</li> <li>• Financial soundness.</li> </ul> <p>The Board of Trustees acts in good faith in line with its fiduciary responsibilities.</p> <p>Trustees annually sign a code of conduct, declare interests on an annual and ongoing basis (e.g. during procurement).</p> <p>The Board leads the Scheme's ethical culture.</p>
<b>Organisational ethics</b>	
<b>2. The governing body should govern the ethics of an organisation in a way that supports the establishment of an ethical culture</b>	<p>The Board of Trustees has ensured that a code of ethics and business conduct and policies governing organisational ethics have been established and implemented.</p> <p>These policies clearly set out GEMS' ethical standards and requirements.</p> <p>The policies are reviewed and approved by the Board. The Board appointed the GEMS Risk, Social and Ethics Committee and mandated the committee with written terms of reference.</p> <p>The Risk, Social and Ethics Committee oversees and monitors the work performed under the Scheme's Ethics Management Programme.</p>
<b>Responsible corporate citizenship</b>	
<b>3. The governing body should ensure that the organisation is, and is seen to be, a responsible corporate citizen</b>	<p>The Board appointed the Risk, Social and Ethics Committee and mandated the committee with written terms of reference to oversee and monitor the Scheme's activities and their impact in relation to:</p> <ul style="list-style-type: none"> <li>• Economic transformation, specifically BBBEE and supplier development;</li> <li>• Social and economic development of sponsorships and donations; and</li> <li>• Reducing GEMS' environmental impact.</li> </ul> <p>The Board appointed the Human Resources and Remuneration Committee and mandated it with written terms of reference to oversee and monitor the Scheme's workplace activities, including employee relations, employment equity and employee learning and development.</p>

PRINCIPLE	HOW GEMS APPLIES THE PRINCIPLE
<b>3. The governing body should ensure that the organisation is, and is seen to be, a responsible corporate citizen</b>	<p>The Audit Committee is responsible for monitoring the output of the Scheme's activities focused on the prevention and detection of and response to fraud, waste and abuse, and corruption.</p> <p>The Board of Trustees has ensured that policies governing supply chain management, workplace matters such as employment equity and employee relations, sponsorships and donations, environmental management, whistleblowing and the management of fraud, waste and abuse were developed, approved and implemented. The approved GEMS policies are cognisant of the Constitution of the Republic of South Africa and other laws.</p> <p>The Board of Trustees actively supports GEMS community development initiatives and attends CSI project events with Scheme management to gain first-hand knowledge of their impact.</p>
<b>Strategy and performance</b>	
<b>4. The governing body should appreciate that the organisation's core purpose, its risks and opportunities, strategy, business model, performance and sustainable development are all inseparable elements of the value creation process</b>	<p>The Board of Trustees guided the development of the GEMS five-year strategic plan for 2017 to 2021. The Board reviews the strategic plan objectives, key performance indicators and targets annually.</p> <p>The GEMS strategic plan is anchored in the mandate of GEMS, which is to provide equal access to medical cover to all public service employees. The strategy maps out the Scheme's planned journey towards universal healthcare in NHI.</p> <p>The Board oversees and monitors the implementation of the approved strategic plan through quarterly reporting by Scheme management at Board and standing committee levels. The Board receives performance reports that consider outputs and outcomes.</p> <p>The Board annually performs a strategic risk assessment to coincide with the review of strategic plan objectives and targets. The Board monitors strategic risks that exceed risk tolerance and risk-bearing capacity. The Board has mandated its standing committees to monitor strategic risks that exceed risk appetite and that are within risk appetite.</p> <p>The Board annually approves the GEMS value creation statement on the recommendation of the Audit Committee.</p>
<b>Reporting</b>	
<b>5. The governing body should ensure that reports issued by the organisation enable stakeholders to make informed assessments of the organisation's performance, and its short-, medium- and long-term prospects</b>	<p>The Board of Trustees approves the GEMS Integrated Reporting Policy and integrated reporting framework, which is based mainly on the International Integrated Reporting Framework.</p> <p>The Board of Trustees oversees that reports such as the annual integrated report, annual financial statements and other statutory returns are issued and comply with legislation.</p> <p>The Board has mandated the Audit Committee through a written Audit Committee Charter to recommend the introduction of measures to enhance the credibility and objectivity of the annual integrated report, including the financial statements, and reports on the affairs of the Scheme.</p>

PRINCIPLE	HOW GEMS APPLIES THE PRINCIPLE
<b>Reporting</b>	
<b>5. The governing body should ensure that reports issued by the organisation enable stakeholders to make informed assessments of the organisation's performance, and its short-, medium- and long-term prospects</b>	<p>The GEMS procedure for identifying, evaluating and prioritising material matters and determining the contents to be disclosed on each, is based on the International Integrated Reporting Framework.</p> <p>Key aspects discussed with the Scheme by stakeholders inform the identification, evaluation and prioritisation of material aspects for reporting in the annual integrated report.</p> <p>The information published in the annual integrated report is approved by the Board on the recommendation of the Audit Committee before publication.</p>
<b>Primary role and responsibilities</b>	
<b>6. The governing body should serve as the focal point and custodian of corporate governance in the organisation</b>	<p>The GEMS Board Charter defines the governance parameters within which the Board exists, sets out the role of the Board and specific responsibilities and duties to be discharged by the Board collectively, the procedural conduct of the Board as well as certain roles and responsibilities incumbent on trustees.</p> <p>The Board Charter is aligned to the Medical Schemes Act, the registered Rules of GEMS and King IV. The charter requires the Board to act specifically as the focal point for, and custodian of, corporate governance by managing its relationship with Scheme management and the stakeholders of the Scheme along sound corporate governance principles.</p> <p>The Board approves the Scheme's strategic plans and policies that give effect to the direction it provides.</p> <p>The Board meets regularly and monitors the performance of the Scheme's employees, administrators and other contracted service providers. The Board addresses a range of issues and ensures that a discussion on strategy, policy, risk management, fraud management and operational performance are critical, informed and constructive.</p> <p>A governance report forms part of the annual integrated report and includes detailed disclosure on the number of Board and committee meetings held for each reporting period, the membership of the committees and attendance of Board and committee meetings by trustees. This report conforms to CMS requirements.</p>

PRINCIPLE	HOW GEMS APPLIES THE PRINCIPLE
<b>Board composition</b>	
<b>7. The governing body should comprise the appropriate balance of knowledge, skills, experience, diversity and independence for it to discharge its governance role and responsibilities objectively and effectively</b>	<p>The composition of the Board is governed by the Medical Schemes Act and the registered Rules of GEMS. Fifty percent of the Board members are elected directly by the principal members of GEMS and 50% are appointed by the Minister for Public Service and Administration.</p> <p>The registered Rules of GEMS empower the Board to introduce measures to ensure diversity on the Board in trustees appointed by the Minister for Public Service and Administration. Should a vacancy on the Board have to be filled by the Minister, the requirements set out in the Rules of GEMS are provided formally and in writing to the Ministry. Members have an unfettered right to elect trustees from among themselves, provided that elected trustees conform to the fit-and-proper requirements set out in the Rules of GEMS.</p> <p>The Board approved a Trustee Training Policy that is implemented by the Company Secretary.</p> <p>The qualifications and experience of trustees and independent Audit Committee members, and their date of birth, period of office on the Board and other significant positions held, are disclosed in the integrated report.</p> <p>In keeping with the registered Rules of GEMS, the Board annually elects the Chairperson and Deputy Chairperson from among themselves at the first meeting of the Board taking place after the AGM.</p> <p>Trustees are required to declare interests annually and during procurement processes. Trustees are vetted periodically.</p>
<b>Standing committees</b>	
<b>8. The governing body should ensure that its arrangements for delegation within its own structures promote independent judgment and assist with the balance of power and the effective discharge of its duties</b>	<p>The delegation framework set out in the Board Charter forms the basis for Board decision making on arrangements for delegation. The Board approved a Delegation of Authority Policy that further governs delegation to the standing committees of the Board by means of formal written charters or terms of reference.</p> <p>A RACI matrix clarifies and demarcates the standing committees' responsibilities. The matrix is reviewed annually by the Board.</p> <p>The Audit Committee Charter and the terms of reference of the other standing committees specify the committees' roles and responsibilities, composition, functions, tenures of members and reporting.</p> <p>The Audit Committee Charter and terms of reference of the other standing committees of the Board are reviewed and approved annually by the Board.</p> <p>A governance report forms part of the integrated report and includes detailed disclosure on the standing committees appointed by the Board, the roles and responsibilities of each standing committee and membership.</p> <p>The annual report of the Audit Committee conforms to the King IV recommended disclosures and is published with the annual integrated report.</p>

PRINCIPLE	HOW GEMS APPLIES THE PRINCIPLE
<b>Evaluation of performance</b>	
<b>9. The governing body should ensure that the evaluation of its own performance and that of its committees, its chair and its individual members support continued improvement in its performance and effectiveness</b>	<p>The Board of Trustees has a formal process to review its effectiveness and that of its Chairperson, and the effectiveness of the Board committees and individual Board members. Board effectiveness assessments are performed every second year by an independent facilitator procured in line with the GEMS Supply Chain Management Policy.</p> <p>The Chairperson of the Audit Committee (independent member) leads the performance appraisal of the Chairperson of the Board.</p> <p>The high-level outcome of Board effectiveness assessments is disclosed in the annual integrated report.</p>
<b>Appointment and delegation to management</b>	
<b>10. The governing body should ensure that the appointment of, and delegation to, management contribute to role clarity and the effective exercise of authority and responsibilities</b>	<p>The Chief Executive Officer, i.e. the Principal Officer of GEMS, is appointed by the Board of Trustees in keeping with Section 57 of the Medical Schemes Act. The Principal Officer is appointed for a fixed-term contract period that may be extended by the Board.</p> <p>The Principal Officer is not a member of any standing committee of the Board.</p> <p>He is responsible for the implementation and execution of the approved strategy, policy and operational planning and is the main link between the Board and Scheme management. However, trustees have access to Scheme executives through the work done by the standing committees.</p> <p>The Board annually revises the delegation of authority for the Principal Officer and this decision is formalised by Board resolution.</p> <p>The Principal Officer's performance is evaluated by the Chairperson of the Board.</p> <p>Although not a statutory requirement under the Medical Schemes Act, the Board has appointed a Company Secretary and Legal Counsel to provide professional corporate governance services to the Board.</p>

PRINCIPLE	HOW GEMS APPLIES THE PRINCIPLE
<b>Risk governance</b>	
<b>11. The governing body should govern risk in a way that supports the organisation in setting and achieving strategic objectives</b>	<p>The GEMS risk management strategy is intimately linked to the strategy, whereby risks are reviewed by the Board annually with the revised strategy and targets.</p> <p>Risk management is an integral part of Scheme processes and is evident in sustainability, strategic project, process and operational risks. In particular, the Board of Trustees considers risk an integral part of the strategy-making process, thereby making risk-based strategic decisions.</p> <p>The Board approves the Risk Management Policy as well as the risk standard operating procedure.</p> <p>The Scheme has developed detailed risk appetite, risk tolerance and risk-bearing capacity levels against a comprehensive set of risk indicators. These levels are reviewed annually and approved by the Board of Trustees on the recommendation of the Risk, Social and Ethics Committee.</p> <p>A risk maturity assessment is performed annually by an independent contractor. Additionally, the Board receives periodic independent assurance on the effectiveness of risk management from the internal audit function.</p> <p>A comprehensive disclosure is included in the annual integrated report that details the Scheme's arrangements for governing and managing risk, key focuses and future key focuses. Top risks are reflected in a heatmap with sufficient information on each risk, mitigation and important changes in the risk environment.</p>
<b>Technology and information governance</b>	
<b>12. The governing body should govern technology and information in a way that supports the organisation setting and achieving strategic objectives</b>	<p>The Board of Trustees assumes responsibility for the governance of technology and information.</p> <p>The Board considers the impact and importance of information and technology on achieving strategic objectives and operational excellence. This dependency is addressed in the approved strategic plan, which also specifies KPIs and targets on digital transformation.</p> <p>The Board has mandated the Finance and Investment Committee through formal written terms of reference to support the Board in exercising ongoing oversight of technology and information management.</p> <p>The Board of Trustees approves the ICT strategy, the ICT governance framework and all ICT policies.</p> <p>Management implements and executes effective information and technology management and a supporting organisational structure is in place to meet this requirement.</p> <p>Technology and information risks, including cybercrime risk, are addressed extensively in the strategic risk register.</p> <p>A comprehensive disclosure is included in the annual integrated report that details the Scheme's information and technology governance and management current and future focuses.</p>



PRINCIPLE	HOW GEMS APPLIES THE PRINCIPLE
<b>Compliance governance</b>	
<b>13. The governing body should govern compliance with applicable laws and adopted non-binding rules, codes and standards in a way that supports the organisation being ethical and a good corporate citizen</b>	<p>As part of the primary responsibilities of the GEMS Board Charter, the Board sets and steers the Scheme's approach to the governance of compliance.</p> <p>The Board mandated the Risk, Social and Ethics Committee through written terms of reference to support the Board in governing the Scheme's compliance with laws and regulations, the registered Rules of GEMS and other obligations making up the compliance universe by:</p> <ul style="list-style-type: none"> <li>• Overseeing the development of policy that gives effect to the Board's direction on compliance.</li> <li>• Overseeing the implementation of effective compliance management by Scheme management.</li> <li>• Considering reporting on compliance matters and formulating recommendations on intervention.</li> </ul> <p>The Board approves the GEMS Compliance Policy and compliance framework.</p> <p>The Board has delegated the implementation of and management of compliance to Scheme management, which has a compliance coverage plan and reports quarterly to the Risk, Social and Ethics Committee.</p> <p>The adequacy and effectiveness of the Scheme's compliance management function is periodically assessed by the Scheme's internal audit function.</p> <p>The information included in the annual integrated report discloses:</p> <ul style="list-style-type: none"> <li>• Regulatory actions and developments.</li> <li>• Non-compliance.</li> <li>• The Scheme's current and future focuses for compliance governance and management.</li> </ul>
<b>Remuneration governance</b>	
<b>14. The governing body should ensure that the organisation remunerates fairly, responsibly and transparently so as to promote the achievement of strategic objectives and positive outcomes in the short-, medium- and long term</b>	<p>GEMS is committed to developing, implementing and upholding remuneration strategies and practices that support its vision, mission, values and strategic objectives. The Board seeks to ensure that remuneration is fair, equitable, responsible and justifiable.</p> <p>The Board has appointed a standing committee, i.e. the Human Resources and Remuneration Committee, and has mandated it through formal written terms of reference to:</p> <ul style="list-style-type: none"> <li>• Ensure sound people management of Scheme employees by providing oversight, assessment and review of the maintenance of relevant human resources and remuneration policies.</li> </ul>

PRINCIPLE	HOW GEMS APPLIES THE PRINCIPLE
<b>Remuneration governance</b>	
<b>14. The governing body should ensure that the organisation remunerates fairly, responsibly and transparently so as to promote the achievement of strategic objectives and positive outcomes in the short-, medium- and long term</b>	<ul style="list-style-type: none"> <li>• Advise the Board on the annual cost of living adjustment for Scheme employees, the criteria to be used in benchmark exercises on annual remuneration surveys, the remuneration rates applicable to employees, trustees and independent committee members; the implementation of remuneration survey results and the implementation of performance rewards for employees.</li> <li>• Oversee the disclosure of the remuneration of trustees, independent committee members and members of the GEMS Executive Committee in the Scheme's annual integrated report.</li> </ul> <p>The Board approves the remuneration policies for trustees, independent audit committee members, employees and independent experts serving on Scheme advisory structures (such as the Scheme's healthcare advisory panels). The policies approved by the Board set the direction on the management of remuneration in the Scheme.</p> <p>The employee remuneration policy addresses and includes provisions for attracting, motivating, rewarding and retaining human capital. The policy balances short-term and long-term goals.</p> <p>A performance management policy approved by the Board sets the direction for performance practices and for rewarding performance. The Scheme strives to improve employee contribution to the Scheme's performance by linking rewards and recognition to performance management outputs. Employees are eligible and considered for performance rewards for sustained performance that is significantly above expectations. For the Principal Officer and executives, the awarding of performance bonuses is dependent on the achievement of a minimum individual performance rating, an unqualified audit report, the achievement of a surplus and a complaints ratio target approved by the Board.</p> <p>The annual integrated report discloses pertinent information on the remuneration policies approved by the Board of Trustees and the remuneration elements of trustees and executive management. The disclosures conform to the Medical Schemes Act, the Rules of GEMS and additional requirements communicated by the CMS from time to time. The information disclosed in the annual integrated report is presented at the AGM.</p> <p>The Board of Trustees oversees the execution of all human resources policies through the Human Resources and Remuneration Committee.</p>

PRINCIPLE	HOW GEMS APPLIES THE PRINCIPLE
<b>Assurance</b>	
<p><b>15. The governing body should ensure that assurance services and functions enable an effective control environment, and that these support the integrity of information for internal decision-making and of the organisation's external reports</b></p>	<p>The Board established an Audit Committee in keeping with the provisions of the Medical Schemes Act and the registered Rules of GEMS.</p> <p>The Board of Trustees mandated the Audit Committee through a formal written Audit Committee Charter to adhere to high-quality standards of corporate accountability, to oversee the quality of the financial reporting process and integrated reporting, control systems and to maintain a high degree of integrity in both external and internal audit processes.</p> <p>The Audit Committee reviews the annual integrated report and considers the factors that may affect the integrity of the report. The Scheme's internal and external auditors review key performance measures included in the report to confirm that they are reliable and do not conflict with the financial information contained in the report.</p> <p>The GEMS Chief Audit Executive leads the Scheme's combined assurance model. GEMS' assurance providers include external providers such as internal audit functions of the GEMS service provider network. The Audit Committee receives plans and reports to provide a view of combined assurance coverage from various assurance providers, including reports from the risk management function and the compliance function. Results stemming from such assurance are presented to the Audit Committee, with areas recommended for remediation noted and monitored for closure. Based on internal audit submissions, the Audit Committee annually confirms whether it is satisfied with the effectiveness of combined assurance arrangements.</p> <p>The Audit Committee is involved in the appointment of the external auditor and ensures that the appointment complies with Section 36(3) of the Medical Schemes Act. The committee annually approves the external auditor's engagement letter, audit plan and budgeted fees for the year.</p> <p>The Scheme's Chief Audit Executive reports functionally to the Audit Committee and administratively to the Principal Officer. The internal audit function has an appropriate and formal charter, which was approved by the Audit Committee. The Audit Committee ensures that the internal audit function of the Scheme is independent and has the skills and resources to perform its duties.</p>

PRINCIPLE	HOW GEMS APPLIES THE PRINCIPLE
<b>Assurance</b>	
<p><b>15. The governing body should ensure that assurance services and functions enable an effective control environment, and that these support the integrity of information for internal decision-making and of the organisation's external reports</b></p>	<p>The Chief Audit Executive has access to the Chairperson of the Audit Committee and to the Chairperson of the Board of Trustees.</p> <p>The Chief Audit Executive is not a member of the GEMS Exco but attends Exco meetings to stay informed.</p> <p>The internal audit methodology is aligned to the Institute of Internal Auditors International Professional Practices Framework to ensure conformance with a recognised industry code of ethics.</p>
<b>Stakeholders</b>	
<p><b>16. In the execution of its governance role and responsibilities, the governing body should adopt a stakeholder-inclusive approach that balances the needs, interests and expectations of material stakeholders in the best interests of the organisation over time</b></p>	<p>GEMS has multiple internal and external legitimate stakeholders and stakeholder relationship management and engagement are deemed critical to its success.</p> <p>The Board of Trustees sets the direction for stakeholder relationships. The Board reviews and approves the GEMS Stakeholder Management Policy every three years and annually approves the stakeholder management strategy, inclusive of the stakeholder engagement plan.</p> <p>The Board has mandated the Clinical Governance and Administration Committee through formal written terms of reference to support effective oversight and report on stakeholder management.</p> <p>The approved GEMS Stakeholder Management Policy directs the identification of and engagement with stakeholders, disclosure of information to stakeholders, the management of stakeholder perceptions and satisfaction, and the balancing of Scheme and stakeholder interests.</p>

PRINCIPLE	HOW GEMS APPLIES THE PRINCIPLE
<p><b>16. In the execution of its governance role and responsibilities, the governing body should adopt a stakeholder-inclusive approach that balances the needs, interests and expectations of material stakeholders in the best interests of the organisation over time</b></p>	<p>The Board has formally delegated the implementation and execution of stakeholder management to Scheme management through the Principal Officer Delegation. Scheme management reports quarterly on the outcome of stakeholder management activities to the Clinical Governance and Administration Committee and the Board of Trustees.</p> <p>Stakeholder risk is monitored by the Board through risk reporting against the approved strategic risk register. The Clinical Governance and Administration Committee is mandated by the Board to oversee stakeholder engagement and communication mechanisms.</p> <p>Disclosure in the annual integrated report includes information on arrangements for governing and managing stakeholder relations, key stakeholders and their interests, key engagement areas, and current and future focuses and engagement outcomes.</p>
<p><b>Institutional investors</b></p>	
<p><b>17. The governing body of an institutional investor organisation should ensure that responsible investment is practised by the organisation to promote the good governance creation of value by the companies in which it invests</b></p>	<p>The Board of Trustees approves the GEMS Investment Policy, investment strategy, annual investment mandate and returns targets.</p> <p>The Board has mandated the Finance and Investment Committee through formal written terms of reference to provide effective oversight of the Scheme's investment practices in compliance with the Medical Schemes Act, the Rules of GEMS, the Financial Policy and Investment Policy.</p> <p>In the selection of and ongoing interaction with investment managers, the Scheme considers CRISA and encourages the investment managers to adhere to these principles. Investment managers are required to report on their environmental, social and governance activities.</p> <p>Scheme management is mandated to implement and execute the Investment Policy and to manage the contracts of the investment managers.</p> <p>The investment consultants and asset managers contracted by the Scheme attend the meetings of the Finance and Investment Committee to report formally on compliance to the investment mandate.</p> <p>The Board makes decisions on outsourced investment services.</p>

## Protecting and preserving value through ethical leadership

### Governance of ethics

The Board exercises ethical leadership and assumes responsibility for the governance of ethics by setting the direction for how ethics should be approached and addressed by the Scheme in all its dealings. The Board monitors the tone at the top, the ethics culture of the Scheme and considers reports on ethics transgressions and how the Scheme responds to these.

The Board does this by:

<p>Setting requirements for itself, GEMS employees, contracted providers, members and healthcare providers in their dealings with GEMS:</p> <ul style="list-style-type: none"> <li>• Fit-and-proper requirements</li> <li>• Skills and qualifications</li> <li>• Conflict of interest</li> <li>• Zero tolerance to corruption and fraud</li> <li>• Preventing corruption, fraud, waste and abuse</li> <li>• Protecting human rights</li> </ul>	<ul style="list-style-type: none"> <li>• The Rules of GEMS (registered in terms of the Medical Schemes Act)</li> <li>• The GEMS Code of Ethics and Business Conduct</li> <li>• The GEMS Supply Chain Management Code of Conduct</li> <li>• Code of Conduct for Trustees and Independent Committee Members</li> <li>• GEMS ethics policies that include conflict of interest, vetting, supply chain management, fraud, waste and abuse, whistleblowing and stakeholder engagement</li> <li>• Terms of reference for Risk, Social and Ethics Committee</li> <li>• Ethics strategy</li> </ul>
<p>Monitoring ethics culture risk as a strategic risk</p>	<p>Quarterly risk monitoring report (risk management section, page 77)</p>
<p>Reviewing the effectiveness of controls</p>	<p>The Audit Committee ensures that the effectiveness of the Scheme's ethics governance controls is reviewed regularly</p>
<p>Setting the ethics strategy and monitoring ethics programme implementation</p>	<p>The Risk, Social and Ethics Committee monitors the annual ethics management plan that is based on the ethics strategy</p>
<p>Raising awareness</p>	<p>Ethics awareness training for trustees, employees and contracted providers</p>

The Board of Trustees reviews the Scheme's vision, mission and value statements annually to ensure that they reflect its commitment to building and sustaining an ethical organisation.

### **The responsibility to implement the annual ethics management plan is delegated to Scheme management**

Scheme management discusses ethics and values and designs and implements policies and processes to achieve sound ethics management. Scheme management submits policies to the Board for approval and accounts to the Board on implementation of policies to achieve effective ethics management. Management pursues leadership collaboration and shared accountability and their benefits are apparent.

Scheme employees annually sign the Code of Ethics and Business Conduct and the Supply Chain Management Code of Conduct.

### **Highlights in 2020**

- Review of GEMS Code of Ethics and Business Conduct and adoption
- Review of Vetting Policy
- Integrating vetting information in ethics management processes
- Review of lifestyle audit procedure and guide for employees
- Employee ethics awareness training
- Quarterly ethics risk management reporting for contracted providers
- Launch of external ethics assessment covering internal and external stakeholders
- Internal audit review

### **Key focus areas in 2021**

- Ethics communication to external stakeholders
- Employee surveys and employee ethics communications
- Ethics strategy review and revised ethics management plans based on outcome of external ethics assessment
- Follow-up internal audit review and maturity assessment
- Policy revisions
- Ethics handbook
- Embedding ethics management standard operating procedures
- Annual vetting process

The Risk, Social and Ethics Committee monitors compliance with the GEMS Code of Ethics and Business Conduct, other social, ethical and legal requirements, and best practice.

### **Committee assurance**

The Risk, Social and Ethics Committee is satisfied that it complied with its legal, regulatory and other responsibilities during 2020.

The outcome of the external ethics assessment was:

The ethics risk and opportunity profile revealed that GEMS has an overall under-developed ethical culture (scoring 46th out of 100 when compared to 70 organisations across various industries where a higher rank indicates better performance). This means that the organisation, although making ethics a part of the overall organisational culture, has not yet created enough critical mass to reach a high level of ethical culture maturity. Many employees also indicated that they can see the organisation improving in terms of its ethics focus, but that much still needs to be done to embed an ethics culture. Results indicated that the organisation appears to be very compliance focused, but not yet values-focused in terms of ethics. In respect of **ethics behaviour total risk score**, GEMS risk score is at the 99th percentile when compared to the behaviour risk scores of organisations operating in South Africa. This indicates that GEMS has an outstanding ethics behaviour risk frequency, on par with the best organisations comprising the general South African organisational norm. This implies low ethics behaviour risk for GEMS with unethical behaviour being observed infrequently.

### **Compliance**

#### **Structures and processes for compliance management and non-compliance matters**

Compliance with regulatory requirements contributes to and forms part of business efforts to create an ethical, good corporate citizen and sustainable medical scheme. In ensuring compliance, the Scheme is committed to identifying regulatory requirements, continuously monitoring the effectiveness of compliance to regulatory requirements, and appropriately responding where change is required.

Effective management of compliance risk means meeting the GEMS compliance obligations and protecting GEMS from loss or damage, noting that it is not only an obligation but a source of rights and protection. It improves the way GEMS does business for and with its stakeholders and, as such, is vital for an ethical and sustainable business. It requires a holistic view on how applicable laws and non-binding rules, codes and standards relate to one another and their ability to affect GEMS' ability to create value over time.

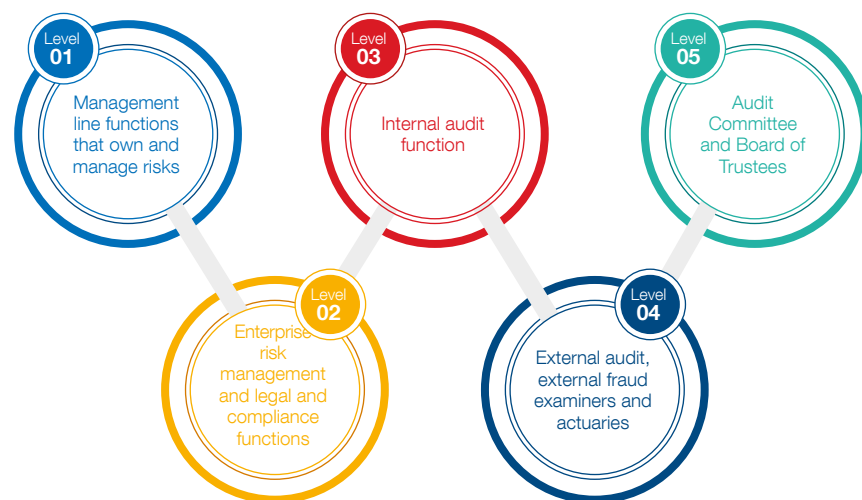
The GEMS Board Charter requires the Board to set and steer the Scheme's approach to the governance of compliance.

The GEMS compliance function reports to the Audit Committee and the Risk, Social and Ethics Committee. More information on the composition of the Audit Committee and the Risk, Social and Ethics Committee and a summary of the committees' responsibilities can be found from page 149.

The adequacy and effectiveness of the Scheme's compliance management function are addressed periodically by the Scheme's internal audit function.



The compliance function forms part of the second line of defence in the Scheme's combined assurance framework:



The function is located in the Risk Management and Compliance Division and is represented on the Scheme's Combined Assurance Forum convened by the Chief Audit Executive.

The Scheme has established a Compliance and Ethics Forum, comprising compliance and ethics champions from all Scheme divisions and the Scheme's service provider network. The forum monitors and complies with its compliance universe, including the Rules of GEMS and legislation.

Our compliance function aligns to the Generally Accepted Compliance Practice Framework (Compliance Institute South Africa). Compliance governance documents are streamlined into a Compliance Framework and Compliance Coverage Plan supported by a Compliance Policy.

The process of compliance management encompasses:

- Identifying and prioritising all Acts and regulations at all levels applicable to the Scheme;
- Incorporating regulatory requirements into control measures such as standard operating procedures, processes, manuals and policies;
- Recommending corrective measures or steps to ensure compliance; and
- Monitoring compliance through the adequacy and effectiveness of control measures.

The risk of non-compliance is managed through:

- Annual review and update of the Scheme's regulatory universe;
- Compilation of compliance risk management plans for high-risk legislation; and
- Continuous monitoring of the regulatory environment.

Highlights for 2020:	Focus areas 2021:
<ul style="list-style-type: none"> <li>• Preparing for compliance to – POPIA – compliance project and staff training.</li> <li>• Improving the management of policy development and maintenance.</li> <li>• Implementing a compliance index to measure regulatory compliance and achieving a rating of 94%.</li> <li>• Providing guidance to the Scheme's service provider network to ensure the correct application of the Rules of GEMS.</li> <li>• Supporting regulatory engagements with the CMS.</li> <li>• Finalising the King IV application register.</li> <li>• Maintaining a Covid-19 deviation/exemption and decision log.</li> </ul>	<ul style="list-style-type: none"> <li>• Preparing for compliance to POPIA – compliance project.</li> <li>• Our people.</li> <li>• Our policies and procedures.</li> <li>• Our systems.</li> <li>• Our member communication.</li> <li>• Regulatory interaction.</li> <li>• Managing the risks.</li> <li>• Performing the actions required by the 2021 compliance coverage plan.</li> <li>• Publishing our King IV Report disclosure register.</li> </ul>

### Data and information governance

The GEMS Information and Communication and Technology Division reports to the Finance and Investment Committee and the Board of Trustees. The division is headed by the Chief Information Officer, who is supported by two senior managers, dedicated GEMS employees and contractors who support the distributed computing environment and several business application solutions used by Scheme business functions to serve members, including applications that provide members with access to their information.

The adequacy and effectiveness of our technology and information management are monitored through risk management control effectiveness reviews by management supported by the GEMS risk management function. Periodic independent reviews are performed by GEMS' internal audit and external assurance providers.

The successful achievement of the third phase of our strategic plan themed, 'innovate for member value proposition' and our strategic objective of becoming the blueprint for NHI, is premised on advanced ICT systems for enhanced member experience and decision making, data-driven healthcare management operational improvement and risk management.

2020 key focuses	Future focuses
<ul style="list-style-type: none"> <li>Development of an information management capability.</li> <li>Aggregation and ownership of all GEMS data and intellectual property.</li> <li>Innovation through advanced analytics and real-time data management.</li> <li>Deployment and optimisation of our infrastructure and capacity.</li> <li>Maintenance and enhancement of information security mechanism.</li> <li>Management of business applications and business intelligence.</li> </ul>	<ul style="list-style-type: none"> <li>Implementation of digital strategy initiatives.</li> <li>Development of business intelligence data management and digital first initiatives.</li> <li>Further enhancement of provider and member digital services.</li> <li>Complete analysis and development of the core information management programme.</li> <li>Development and implementation of information security management capability.</li> <li>Adoption of fourth industrial revolution technologies such as cloud solutions, digitising on the inside and outside and positioning for NHI.</li> </ul>

## 2020 Remuneration Report

### Introduction

The Scheme has a dedicated Board committee to oversee remuneration, inclusive of trustee and independent committee members' remuneration, remuneration of executives and general staff and related matters. Information on the mandate, composition and attendance of meetings held by the Human Resources and Remuneration Committee in 2020 is provided on page 153 of the report.

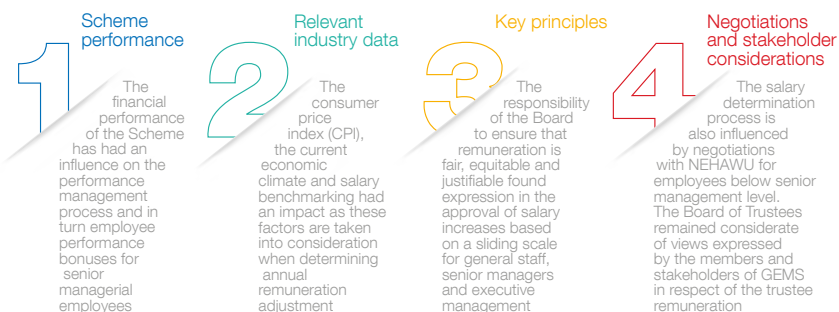
### The key factors that influenced remuneration decisions during 2020

#### The impact of Covid-19

For decision making on salary adjustments for the 2021 financial year, the Board considered the impact of the Covid-19 pandemic on GEMS' contribution income, the country's economic conditions, ongoing wage discussions for public service employees, uncertainties around the ultimate financial impact of Covid-19 and the 2021 GEMS contribution increase.

#### Other factors

## Other factors



## The key focus areas and key decisions of the Human Resources and Remuneration Committee in 2020 summarised:



A remuneration salary survey was used for the remuneration benchmark performed for general staff, senior managers, executive management and the Principal Officer under the auspices of the Human Resources and Remuneration Committee in 2020. The work was allocated to an organisation well versed and experienced in this area and the committee is satisfied with its independence and objectivity.

### Remuneration benchmarks

GEMS, as with other organisations, strives to attract and retain key talent, thereby driving business strategy with the right people. The risk of losing key talent is high in most organisations. Variation in pay is one of the key determinants in retaining or losing key individuals. It is not possible for organisations to determine if pay practices are aligned with those of other organisations without a benchmarking exercise. The GEMS benchmarking process is conducted against healthcare, financial and national industries as its products and services compare well to these.

### Key remuneration policy principles

The GEMS remuneration philosophy reflects its commitment to attracting and retaining highly skilled, high-performing employees who enable organisational performance. The philosophy is aligned to the Scheme's business strategy, objectives, values and achieving long-term sustainability. The GEMS Employee Remuneration Policy is based on remuneration philosophy and strategy.

The Board of Trustees determines the remuneration and reward structures of employees in keeping with the GEMS Employee Remuneration Policy and ensures that employees are appropriately compensated.

Performance bonuses or short-term incentives are determined under the GEMS Performance Management Policy, which states that GEMS will strive to improve employee contribution by linking rewards and recognition with performance management outputs. The GEMS performance management system and practices support ongoing and aligned levels of employee motivation and retention of top talent. Performance management drives the achievement of strategic objectives and supports KPIs.

The link between remuneration, including short-term incentives, and value creation is shown under the heading Performance framework and measures on page 176.

### Meeting the stated remuneration policy objectives

The GEMS Employee Remuneration Policy has met its stated policy objectives in that it supports the Scheme's commitment to attracting and retaining highly skilled talent. The total reward packages and benefits offered contributed to attracting and retaining key talent. A low staff turnover rate of 4.39% was recorded for the 2020 financial year. The GEMS performance management process further entrenches this commitment as it continues to reward high performers within the organisation.

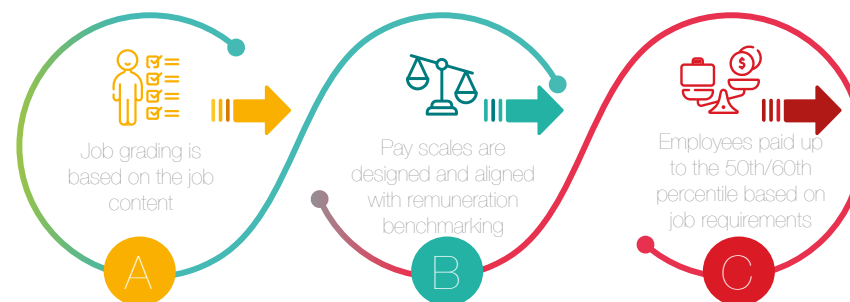
### Future areas of focus

The GEMS Employee Remuneration Policy continues to evolve as the Scheme ensures that employees are paid according to market standards while considering the current economic environment. The success of the GEMS strategic plan is dependent on the Scheme's ability to attract and retain highly skilled talent. GEMS strives to be an employer of choice and the policy is under review to ensure that it optimally supports the strategic plan. Key future focuses are the review of pay scales and talent retention.

### Financial and non-financial benefits

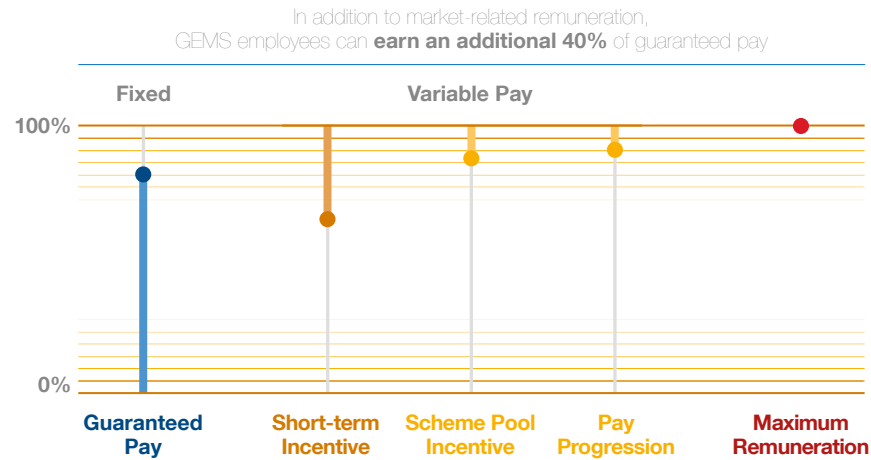
GEMS is committed to developing, implementing and upholding remuneration strategies and practices that support its vision, mission, values and strategic objectives, while pursuing the best interests of the Scheme. It ensures that remuneration is fair, equitable and justifiable.

In determining the appropriate level of remuneration:



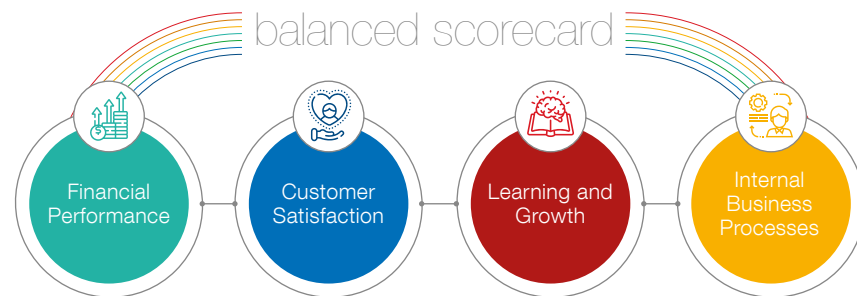
Remuneration is provided to employees in guaranteed and variable pay, the former including basic salary and benefits and the latter aligned to the achievement of business objectives and individual performance.

## Pay structure



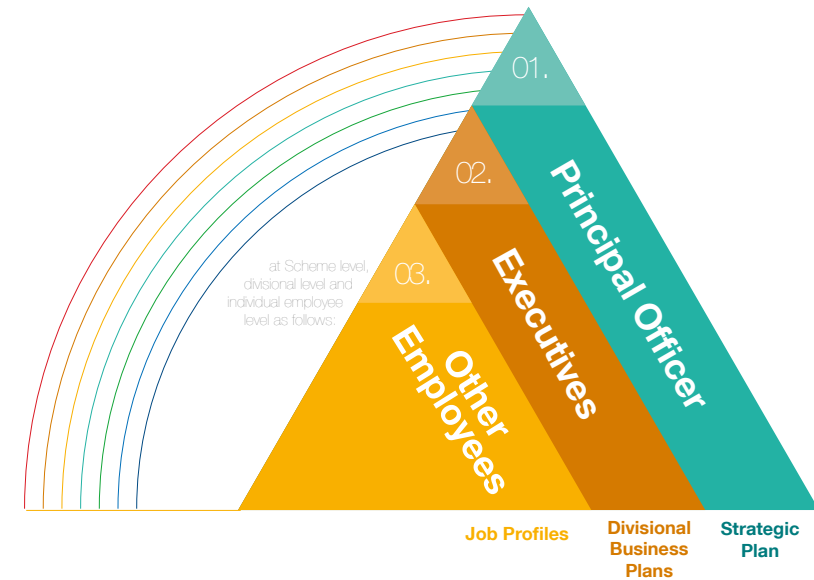
## Performance framework and measures

To assess the achievement of strategic objectives and positive outcomes, the Scheme uses a standardised and integrated three-tiered performance management system. A standardised balanced scorecard measures performance in four areas:



The GEMS balanced scorecard is a key performance management tool to measure outputs and results against KPIs that are linked to the GEMS strategic objectives.

The system ensures that performance is measured holistically at Scheme level, divisional level and individual employee level as follows:



Annual employee performance contracting and assessment are done through performance scorecards made up of key performance areas and competencies. Key performance areas are aligned to the Scheme's strategic objectives and competencies that are based on occupational levels. The allocation of weightings in key performance areas and competencies is depicted below:

Level of management	Key performance areas	Core/managerial competencies	Values	Total weight in % of 100
Principal Officer	40	50	10	100
Executives	60	30	10	100
Senior management	80	10	10	100
Other employees	80	10	10	100

The Scheme strives to improve employee contribution to performance by linking rewards and recognition with performance management outputs. Employees are considered for performance rewards for sustained performance that is significantly above expectations. For



the Principal Officer and executives, the awarding of performance bonuses is dependent on the achievement of a minimum individual performance rating, an unqualified audit report, the achievement of a surplus and a complaints ratio approved by the Board.

An illustration of the potential consequences on total remuneration for executive management of applying the GEMS Performance Management Policy under minimum, on-target and maximum performance outcomes is below:

Performance bonus percentage	0%	10%	30%
Total including annual remuneration	R33 745 647	R37 120 212	R43 869 341

GEMS uses a three-tiered system as an institutional framework for managing and linking Scheme performance to divisional and employee performance. The Scheme pool incentive and pay progression were implemented for the first time during the 2019 performance cycle completed in May 2020.

Targets for the pool incentive were approved in early-2019 and the targets that were met greatly exceeded the stretch target and were considered exceptional overperformance.

The pool incentive was paid to 280 employees as a once-off bonus for achievement of key targets, namely complaints ratio, reserve ratio and unqualified audit.

The pay progression methodology was also defined during 2019, with 55 employees receiving adjustments to their salaries.

#### Executive remuneration in 2020:

	Annual earnings	Bonus	Pool incentive bonus	Total remuneration 2020	Total remuneration 2019
Ms Jeannie Combrink	R2 474 330	R371 150	R74 230	R2 919 709	R2 697 138
Ms Karyna Pierce	R3 500 357	R525 054	R105 011	R4 130 421	R3 815 555
Dr Guni Goolab**	R3 142 756	-	-	R3 142 756	R6 052 864
Ms Gloria Nkadameng	R2 404 127	R240 413	R72 124	R2 716 664	R2 419 233
Dr Samuel Lewatle	R3 197 423	R479 613	R95 923	R3 772 959	R3 067 842
Mr Molapo Masekoameng	R2 369 873	R355 481	R71 096	R2 796 450	R2 486 936
Dr Vuyo Gqola	R3 197 423	R479 613	R95 923	R3 772 959	R3 095 529
Mr Evan Theys	R1 811 154	R181 115	R54 335	R2 046 604	R1 716 734
Ms Veni Singh	R2 369 873	R236 987	R71 096	R2 677 956	R2 258 405
Dr Stanley Moloabi	R5 072 000	R760 800	R152 160	R5 984 960	R5 022 000
Dr Phumelela Dhlomo	R2 267 820	R340 173	R68 035	R2 676 028	R1 143 231
Dr Selaelo Mametja*	R1 938 511	R290 777	R58 155	R2 287 443	-
<b>Total</b>	<b>R33 745 647</b>	<b>R4 261 176</b>	<b>R918 087</b>	<b>R38 924 910</b>	<b>R33 775 467</b>

\*Pro-rata salary – employed from 1 February 2020

\*\*Payment made on termination of office of the GEMS Principal Officer

During 2019, the Human Resources and Remuneration Committee looked into the end-of-contract process for the Principal Officer. Due to the strategic nature of the role, a restraint of trade was implemented for six months. Consideration was given to the payment of the Principal Officer's performance bonus for the 2019 financial year. A legal opinion was sought and consultations held, after which it was resolved by the Board of Trustees that the Principal Officer will be paid for the six-month restraint of trade at 100% of the monthly salary payable for the six-month period to be paid by 31 January 2020, which amounts to R2 328 024.50 before tax.

The payment of the performance bonus will be completed in line with policy requirements to be paid by May 2020 should the requirements be met as stated below:

- The achievement of 70% of KPIs on the Scheme performance scorecard or a performance rating of above 3;
- An unqualified audit report;
- The Scheme achieving a target surplus or reserve ratio;
- Customer satisfaction measure; and
- Complaints management ratio percentage determined by the Board.

#### Compliance statement

The Scheme complied with its approved Employee Remuneration Policy in 2020 and no deviations from it were reported. There are currently no voting results for the GEMS Employee Remuneration Policy.

The GEMS Performance Management Policy is still being implemented. The Scheme complied with the components of the policy that have been implemented and no deviations from the policy were reported.

#### Trustee remuneration in 2020

#### GEMS Trustee and Independent Committee Member Remuneration Policy

The close level of oversight maintained by the Board is crucial to the Scheme's continued financial and operational performance as evidenced by the Scheme's track record of unqualified audits, sound procurement processes, responsiveness to member concerns and sound stakeholder relationships. The performance and effectiveness of the Board impact directly on the Scheme's ability to create value for its members, the Minister for Public Service and Administration and other stakeholders.

The GEMS Board of Trustees and the committees meet frequently to ensure effective oversight of the Scheme. Board and committee meetings are all necessary and convened to:

- Meet the Scheme's statutory obligations;
- Adhere to corporate governance standards;
- Address matters related to the Scheme's business model and requirements; and
- Guide Scheme management on stakeholder engagements considering the Scheme's complex stakeholder relations environment.

## Trustee and Independent Committee Member Remuneration Policy

Trustees and independent committee members are remunerated for attendance of Board and committee meetings. Trustees and committee members may also be reimbursed for costs incurred for travelling and subsistence in the performance of their obligations. The Scheme commissions independent remuneration surveys to ensure that the remuneration paid is commensurate with the fiduciary obligations assumed by trustees and the expertise of trustees and independent committee members.

Trustees and committee members are remunerated for preparation for and attendance of meetings. They are not remunerated for the following:

- Meetings not attended;
- Participating in the Scheme's annual Board effectiveness assessment;
- The attendance of training sessions;
- The attendance of Scheme events where trustees are not required to perform work; and
- The attendance of member and stakeholder information and communication sessions.

Trustees and committee members are paid a fixed daily meeting fee for each day of quarterly and interim meetings. The fee is based on an average meeting duration time of six hours and 12 hours' preparation time. Trustees are paid a reduced daily meeting fee for attending ad hoc meetings.

For meetings with the Minister for Public Service and Administration and stakeholders, the fixed meeting fee is replaced by an hourly fee based on the number of hours in the meeting plus one hour's preparation time for each hour in the meeting.

Trustees receive a monthly stipend to cover expenses such as stationery, telephone and internet fees.

The remuneration of the Chairperson of the Board and chairpersons of the committees (including the independent Chairperson of the Audit Committee) is calculated as the trustee fixed daily meeting fee multiplied by 1.5.

The GEMS Trustee and Independent Committee Member Remuneration Policy is reviewed by the Board every three years, with the last review performed in 2020.

### Remuneration benchmarks

Trustee remuneration benchmarking compares remuneration from at least 10 of the largest closed and open medical schemes in the Industry.

The fixed daily meeting fee of trustees was increased for the first time since 2014 by a Board decision taken on 5 December 2017. An inflationary increase of 5% was last implemented on 1 January 2018.

## Trustee remuneration 2020

The remuneration paid in 2020 per trustee is shown from page 164. Meeting fees, travel and accommodation costs, training costs and other disbursements are disclosed separately per trustee in accordance with Regulation 6A of the Regulations of the Medical Schemes Act, 1998, as amended.

The amount disclosed for meeting fees of the following trustees includes the following payments made in 2020 to correct an error in 2019 remuneration payments:

- Ms NC Ntshane: R109 800
- Mr LJ Mankge: R109 800
- Mr M Brand: R18 300

Trustee remuneration paid in 2020 was R8.3 million (2019: R7.7 million), an increase of 6.8%. Of this, R7.9 million (96%) was meeting fees and the monthly stipend. The balance was travel and accommodation costs and fees paid to trainers.

The GEMS trustees undertook additional duties voluntarily during 2020 to represent the Scheme at important stakeholder events and to support Scheme management at important engagements with key stakeholders such as unions.

Trustees did not receive remuneration for these activities, saving the Scheme about R366 000.

In 2020, trustee fees as a percentage of contributions were 0.02% and as a percentage of the Scheme's non-healthcare costs, 0.41%.

	Appointed or elected member	Attendance fees		Travel and accommodation		Reimbursement and allowances		Training (fees paid to trainers)		Total	
		2020	2019	2020	2019	2020	2019	2020	2019	2020	2019
		R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
<b>Mr JS Roux</b> Re-elected July 2014 – term expires 29 July 2020	Elected	553	478	19	305	7	20	7	34	586	837
<b>Mr NL Theledi</b> Term ended 26 September 2019 and restarted 5 December 2019, ending on 4 December 2022	Appointed	641	623	15	69	3	9	7	13	666	714
<b>Mr CJ Booyens</b> Deceased	Elected	-	96	-	14	-	5	-	11	-	126
<b>Mr EB de Vries</b> Term ended 29 July 2019	Elected	-	306	-	228	-	11	-	17	-	562
<b>Dr JA Breed</b> Elected July 2014 – term expires 29 July 2020	Elected	660	587	2	148	4	32	7	63	672	830
<b>Dr IJ van Zyl</b> Elected July 2014 – term expires 29 July 2020	Elected	641	712	32	107	18	29	7	13	697	861
<b>Mr ME Phophi (Deputy Chairperson)</b> Appointed 26 September 2017 – term expires 25 September 2023	Appointed	684	601	10	67	21	24	7	24	721	716
<b>Dr ETC Moloko</b> Appointed 28 October 2016 – term expires 27 October 2022	Appointed	646	549	7	69	5	8	5	22	662	648
<b>Dr SM Hlatshwayo (Chairperson)</b> Appointed 18 February 2018 – term expires 19 February 2024	Appointed	928	836	2	99	3	7	35	22	968	964
<b>Mr RA Manoko</b> Appointed 18 February 2018 – term expires 19 February 2024	Appointed	825	688	-	82	7	28	35	20	867	818
<b>Ms NC Ntshane</b> Appointed 25 September 2019 – term expires 24 September 2025	Elected	133		41	8	20	18	7	17	818	176
<b>Mr Lekgema Mankge</b> Appointed 25 September 2019 – term expires 24 September 2025	Elected	664	136	16	14	15	21	7	17	702	188
<b>Mr Marthinus Brand</b> Appointed 25 September 2019 – term expires 24 September 2025	Elected	572	194	19	25	4	6	6	17	600	242
<b>Dr N Tutu</b> Appointed 30 July 2020 – term expires 29 July 2026	Appointed	352	-	-	-	-	-	3	-	355	-
<b>Total</b>		<b>7 915</b>	<b>5 939</b>	<b>172</b>	<b>1 235</b>	<b>106</b>	<b>218</b>	<b>130</b>	<b>290</b>	<b>8 323</b>	<b>7 682</b>